

stacked and it is weighted against a real HMO reform bill, particularly when we look at what the Senate passed and what the Senate side will be doing.

But I hope the American people understand that we will continue to talk about this over the next few months unless we have a vote.

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And even if we have a vote, if they come back with a weak milquetoast piece of legislation, and next year let us pass something that sounds good, then I will be up here saying, no, it is not good. Let us not pass something that is really a fake, this is a fig leaf.

After 4 months of delay, I would think that now we may see some action. And if they come back, well, let us throw something out there and we want something that is really HMO reform patterned after what success that has happened not just in Texas but with States all over the country, we have a pattern that has worked.

For example, when we talk about the external appeals process, the external appeals work in Texas is they have the right to go to court afterwards. Fifty-two percent of the appeals are found in favor of the patient.

Now, sure, half of them, a little less than half, are found in favor of the insurance company. And so, if I as a patient take an appeal in the external appeals process and I am not entitled to that type of service or that type of treatment, then I am probably not going to go to the courthouse.

But I tell my colleagues, if 52, better than half, of the people in the insurance company are wrong the first time and if we do not pass a strong appeals process with a backup of the right to go to the courthouse, then those half of those people in Texas who are finding now, or more than half, that they really have some good coverage and they have that treatment that they need, they will be lost. And so, that is why this issue is so important not just for those of us who run for office and serve here but for the people we represent.

I represent both Democrats and Republicans, like my colleague; and I have found that in my district, I do not ask people whether they are Democrat or Republican when they call me, but it is interesting when the people who do call, we have a lot of people who say, I am a Republican but I need to have help with my HMO problem.

So I think it is an issue that cuts across party lines. It is important. The polls have shown that, not only Republicans and Democrats, but Independents. And that is why we had the vote and will continue this effort.

Mr. PALLONE. Mr. Speaker, I appreciate the comments of the gentleman.

If I could just add one thing before we conclude, one of the things that I found in the 2 months that we had the

recess and we were back in our districts and I had a lot of forums on health care on seniors or just in general with my constituents in the various towns that I represent, we are living in very good economic times and the economy is good and generally most people are doing fairly well, but there is a tremendous frustration that the Government does not work. And it is I think, for whatever reason, Congress seems to be the main focus of that, the notion that somehow all we do down here is talk and we never get anything done.

The reason I was so frustrated today when I heard some of the arguments from the Republican side is because I know that this issue, the Patients' Bill of Rights issue, the HMO reform issue, is something that we can get done. Because the public wants it done. And we had Republicans join us on this Patients' Bill of Rights, and I know that the President will sign it. So I do not want this to be another issue that is important that falls by the wayside because the Congress and the President could not get their act together.

If there is anything that we can pass this year, this is the issue. And I think we just have an obligation to our constituents to show that, on something so important as this, that we can actually accomplish something and not just sit here and argue back and forth.

Obviously, we need to argue, otherwise my colleague and I would not be up here. But we also need to pass something. And that is what we are all about.

Mr. GREEN of Texas. Mr. Speaker, in closing, I would like to say, sure, I would like to talk about access, prescription medication for seniors, medical mistakes. Let us take it one step at a time.

#### ANTIBODIES TO SQUALENE IN GULF WAR SYNDROME

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

Mr. METCALF. Madam Speaker, joined by several colleagues, today I wrote Secretary of Defense William Cohen asking for an objective analysis of the "Antibodies to Squalene in Gulf War Syndrome," an article that has just been published in the February 2000 issue of *Experimental and Molecular Pathology*.

This peer-reviewed article found anti-squalene antibodies in a very high percentage of sick Gulf War-era veterans. As a bio-marker for the disease process involved in Gulf War illnesses, the blood tests cited in the study could provide a vital diagnostic tool. We hope this will quickly lead to improved medical treatments for many who are suffering.

Many who have heard about this issue are anxious to understand the

ramifications, especially those veterans and their families whose lives sadly have been directly affected.

We certainly acknowledge the need for further research. However, that should not preclude a vigorous examination of the immediate benefits this study may provide doctors treating those who suffer from Gulf War illnesses.

The House-passed version of the Fiscal Year 2000 Defense Appropriations Bill included report language instructing the Department of Defense to develop and/or validate the assay to test for the presence of squalene antibodies. This action was taken in response to DOD unwillingness to cooperate with the March 1999 General Accounting Office recommendation. It reflected my firm belief that the integrity of the assay was the first step in finding answers.

Now that this study has been peer-reviewed and published, we need to take the next step and build on established science. An internal review by the same individuals within DOD who were unwilling to cooperate for months does not constitute the kind of science that those who sacrificed for this Nation deserve. Given the published article, it seems prudent to use the assay if it could help sick Gulf War veterans. At this critical juncture, my colleagues and myself fervently hope that Secretary Cohen agrees.

We must stay the course and find the answers that will bring effective medical treatments for those who suffer from Gulf War illnesses. Let me assure my colleagues, Mr. Speaker, I intend to do so.

#### MARRIAGE TAX PENALTY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from California (Mr. HERGER) is recognized for 60 minutes as the designee of the majority leader.

Mr. HERGER. Madam Speaker, our tax system is unfair, for many reasons. It punishes those who invest, those who succeed in business, even those who die. But one tax provision which seems particularly unfair is the marriage tax penalty. This tax penalty occurs when a married couple pays more in taxes by filing jointly than they would if each spouse could file as a single person.

For example, an individual earning \$25,500 would be taxed at 15 percent, while a married couple with incomes of \$25,000 each has a portion of their income taxed at 28 percent.

In addition, while two single taxpayers receive a standard deduction of \$6,950 apiece, for a total of \$13,900, a married couple only receives a standard deduction of \$12,500.

Madam Speaker, that is simply unfair. When a couple says, "I do," they are not agreeing to higher taxes. When